

**FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

AMERICAN LEADERSHIP PROJECT

(b) Address (number and street) ☐ check if different than previously reported

2261 MARKET STREET PMB 319

(c) City, State and ZIP Code

SAN FRANCISCO

CA

94114

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30000871**3. Is This Statement**☒**New**

or

☐**Amended****4. Covering Period****M M**
0 4**D D**
1 7**Y Y Y Y**
2 0 0 8

through

M M
0 4**D D**
1 8**Y Y Y Y**
2 0 0 8**5. (a) Date of Public Distribution(s)****M M**
0 4**D D**
1 8**Y Y Y Y**
2 0 0 8**(b) Communication Title**

Every/Difference

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)?Yes ☐No ☒**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☒No ☐**8. Custodian of Records**

(a) Name

Nancy Warren

(b) Address (number and street)

2261 Market Street PMB 319

(c) City, State and ZIP Code

San Francisco

CA

94114

(d) Name of Employer or Principal Place of Business

Warren& Associates LLC

(e) Occupation

Accountant

9. Total Donations This Statement

255000.00

10.Total Disbursements/Obligations This Statement

200000.00

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Nancy L Warren

SIGNATURE

DATE 04/18/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name Jason Kinney	Transaction ID : F91.000001	
	(b) Address (number and street) 980 9th Street Suite 2000		
	(c) City, State and Zip Code Sacramento CA 95814		
	(d) Name of Employer or Principal Place of Business California Strategies LLC	(e) Occupation Consultant	

B.	(a) Name Roger Salazar	Transaction ID : F91.000002	
	(b) Address (number and street) 1005 12th Street Suite A		
	(c) City, State and Zip Code Sacramento CA 95814		
	(d) Name of Employer or Principal Place of Business Acosta Salazar LLC	(e) Occupation Consultant	

A. Full Name of Donor

Edgar M. Bronfman

Mailing Address of Donor
375 Park Avenue

City	State	Zip
New York	NY	10151

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount

5000.00

Transaction ID : F92.000001

B. Full Name of Donor

Amer Fed Of State County & Munic Emps AFSCME

Mailing Address of Donor
1625 L Street NW

City	State	Zip
Washington	DC	20036

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount

200000.00

Transaction ID : F92.000002

C. Full Name of Donor

Office & Professional Employees Intl Union OPEIU

Mailing Address of Donor
1660 L Street NW

City	State	Zip
Washington	DC	20036

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	0	8

Amount

50000.00

Transaction ID : F92.000003

SUBTOTAL of Donations This Page (optional).....

255000.00

TOTAL This Period (last page this line number only).....
(carry total from last page to Line 9)

255000.00

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee Lisa Cabanel Consulting				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8</div> </div>			
Mailing Address of Payee 1604 Fawn Lane				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">200000.00</div>			
City Huntington Valley		State PA		Zip Code 19006		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 8</div> </div>	
Name of Employer 				Occupation 			
Purpose of Disbursement (including title(s) of communication(s)) TV airtime - Every/Difference							
Name of Federal Candidate Hillary Clinton		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: PA District: _____		Disbursement/Obligation For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000002		Name of Federal Candidate Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: PA District: _____	
F94.000003		Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursement/Obligation This Page (optional)						<div style="border: 1px solid black; padding: 2px; text-align: right;">200000.00</div>	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)						<div style="border: 1px solid black; padding: 2px; text-align: right;">200000.00</div>	